

Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2009 calendar year, or tax year beginning **JUL 1, 2009** and ending **JUN 30, 2010**

| | | | |
|---|--|--|---|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization HOSPITAL COMMITTEE FOR THE LIVERMORE/PLEASANTON AREA Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite 1111 E. STANLEY BOULEVARD City or town, state or country, and ZIP + 4 LIVERMORE, CA 94550 F Name and address of principal officer: MARCELINA FEIT SAME AS C ABOVE | D Employer identification number 94-1429628 E Telephone number 925-373-8000 G Gross receipts \$ 248,001,304. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶ |
| I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | J Website: ▶ WWW.VALLEYCARE.COM | |
| K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶ | | L Year of formation: 1958 M State of legal domicile: CA | |

Part I Summary

| | | | |
|------------|---|----------------------------------|---------------------|
| 1 | Briefly describe the organization's mission or most significant activities: THE HOSPITAL COMMITTEE FOR THE LIVERMORE-PLEASANTON AREAS, DBA VALLEYCARE HEALTH SYSTEM IS A | | |
| 2 | Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 13 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 13 |
| 5 | Total number of employees (Part V, line 2a) | 5 | 1616 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 425 |
| 7a | Total gross unrelated business revenue from Part VIII, column (C), line 12 | 7a | 447,156. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 124,757. |
| 8 | Contributions and grants (Part VIII, line 1h) | Prior Year | Current Year |
| 9 | Program service revenue (Part VIII, line 2g) | 2,921,404. | 1,319,590. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 234,877,154. | 236,084,314. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 765,140. | 534,106. |
| 12 | Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 7,972,668. | 8,300,712. |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | 246,536,366. | 246,238,722. |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | 419,569. | 426,697. |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | 115,024,303. | 118,009,388. |
| b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) | 122,051,529. | 123,168,825. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 237,495,401. | 241,604,910. |
| 19 | Revenue less expenses. Subtract line 18 from line 12 | 9,040,965. | 4,633,812. |
| 20 | Total assets (Part X, line 16) | Beginning of Current Year | End of Year |
| 21 | Total liabilities (Part X, line 26) | 212,633,196. | 226,527,370. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 126,858,477. | 136,012,341. |
| | | 85,774,719. | 90,515,029. |

Part II Signature Block

| | | | |
|---|---|---|---|
| Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. | | | |
| Sign Here | Signature of officer KENNETH A. JENSEN, CFO Type or print name and title | Date 1/4/29/11 | |
| Paid Preparer's Use Only | Preparer's signature Firm's name (or yours if self-employed), address, and ZIP + 4 MOSS ADAMS LLP ONE CALIFORNIA STREET, 4TH FLOOR SAN FRANCISCO, CA 94111 | Date 4/28/11 Check if self-employed <input type="checkbox"/> | Preparer's identifying number (see instructions) EIN ▶ Phone no. ▶ 415-956-1500 |

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

| | | |
|--|--|---|
| Type or print File by the extended due date for filing your return. See instructions. | Name of exempt organization HOSPITAL COMMITTEE FOR THE LIVERMORE/ PLEASANTON AREA | Employer identification number 94-1429628 |
| | Number, street, and room or suite no. If a P.O. box, see instructions. 1111 E. STANLEY BOULEVARD | |
| | City, town or post office, state, and ZIP code. For a foreign address, see instructions. LIVERMORE, CA 94550 | |

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

| Application Is For | Return Code | Application Is For | Return Code |
|--|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 03 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

• The books are in the care of **DIANE BRACK, 1111 E. STANLEY BLVD. - LIVERMORE, CA 94550**
Telephone No. **925-373-4032** FAX No.

• If the organization does not have an office or place of business in the United States, check this box ☐

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **MAY 15, 2011**

5 For calendar year , or other tax year beginning **JUL 1, 2009**, and ending **JUN 30, 2010**

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

7 State in detail why you need the extension
ADDITIONAL TIME IS REQUIRED TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE TAX RETURN.

| | | | |
|---|----|----|----|
| Ba If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. | 8a | \$ | 0. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. | 8b | \$ | 0. |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0. |

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Amie Mauer** Title **CPA** Date **2/14/11**

Form 8868 (Rev. 1-2011)

Part III Statement of Program Service Accomplishments

- 1 Briefly describe the organization's mission:
VALLEYCARE HEALTH SYSTEM'S MISSION IS TO ASSUME THE LEADERSHIP ROLE
FOR THE HEALTH OF THE TRI-VALLEY COMMUNITY.
-
- 2 Did the organization undertake any significant program services during the year which were not listed on
the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.
- 4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
allocations to others, the total expenses, and revenue, if any, for each program service reported.

SEE SCHEDULE O FOR CONTINUATION(S)

| | | | |
|--|----------|--|----------------------------|
| 4a | (Code:) | (Expenses \$ 181,579,468, including grants of \$) | (Revenue \$ 236,533,267.) |
| OPERATION OF TWO ACUTE CARE HOSPITALS WITH A TOTAL OF 167 ACUTE, 26 SKILLED NURSING AND 14 ACUTE PSYCHIATRIC BEDS. SERVICES INCLUDE ICU/CCU, MEDICAL, SURGICAL, OBSTETRIC, NURSERY INPATIENT SERVICE, AND EMERGENCY ROOM, URGENT CARE AND OUTPATIENT SERVICES. ALSO CARE IS PROVIDED TO PATIENTS WHO MEET CERTAIN CRITERIA UNDER THE CHARITY-CARE POLICY WITHOUT CHARGE OR AT AMOUNTS LESS THAN ESTABLISHED RATES. ANY PROFITS MADE FROM OPERATIONS ARE INVESTED INTO NEW FACILITIES, EQUIPMENT AND SERVICES. WE ALSO SERVE THE COMMUNITY WITH OUTREACH PROGRAMS INCLUDING THE MOBILE HEALTH UNIT AND NURSES TRAINING. | | | |

MEDICAL AND SURGICAL SERVICES. THE CORPORATION'S SERVICES INCLUDE ACUTE INPATIENT MEDICAL AND SURGICAL CARE, ADVANCED DIAGNOSTIC

[illegible][illegible]

4d Other program services. (Describe in Schedule O.)
(Expenses \$ _____ including grants of \$ _____) (Revenue \$ _____)

| | | | |
|----|--------------------------------|----|--------------|
| 4e | Total program service expenses | \$ | 181,579,468. |
|----|--------------------------------|----|--------------|

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 3

Part IV Checklist of Required Schedules

| | Yes | No |
|--|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors? | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i> | | |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | | X |
| 11 Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i> | X | |
| • Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> | | |
| • Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i> | | |
| • Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i> | | |
| • Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i> | | |
| • Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| • Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48? <i>If "Yes," complete Schedule D, Part X.</i> | | |
| 12 Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> | | X |
| 12A Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i> | | X |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> | | X |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | | X |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i> | X | |

Form 990 (2009)

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**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 4

Part IV Checklist of Required Schedules (continued)

| | Yes | No |
|--|--------------|----|
| 21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 X | |
| 22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | X |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J | 23 X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25 | 24a X | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | X |
| c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | X |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | X |
| 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 25b | X |
| 26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26 | X |
| 27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III | 27 | X |
| 28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | |
| a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28a | X |
| b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV | 28b | X |
| c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV | 28c | X |
| 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | X |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M | 30 | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I | 31 | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II | 32 | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 33 | X |
| 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 | 34 X | |
| 35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | 35 X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 | 36 | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | X |
| 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 X | |

Form 990 (2009)

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 5

Part V Statements Regarding Other IRS Filings and Tax Compliance

| | | Yes | No |
|------------|--|------|----|
| 1a | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | 184 | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 0 | |
| c | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | X | |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 1616 | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)</i> | X | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? | X | |
| b | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | X | |
| 4a | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | | X |
| b | If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | X |
| b | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | X |
| c | If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? | | |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | |
| a | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? | | X |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | 7d | |
| e | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | X |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | X |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | | |
| 8 | Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | |
| 9 | Sponsoring organizations maintaining donor advised funds. | | |
| a | Did the organization make any taxable distributions under section 4966? | | |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | | |
| 10 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | 10a | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | |
| 11 | Section 501(c)(12) organizations. Enter: | | |
| a | Gross income from members or shareholders | 11a | |
| b | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12b | |

Form 990 (2009)

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 6

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Section A. Governing Body and Management

| | 1a | 1b | Yes | No |
|---|----|----|-----|----|
| 1a Enter the number of voting members of the governing body | 13 | | | |
| b Enter the number of voting members that are independent | | 13 | | |
| 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? | 2 | | X | |
| 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? | 3 | | | X |
| 4 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? | 4 | | | X |
| 5 Did the organization become aware during the year of a material diversion of the organization's assets? | 5 | | | X |
| 6 Does the organization have members or stockholders? | 6 | | | X |
| 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? | 7a | | | X |
| b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? | 7b | | | X |
| 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | | | |
| a The governing body? | 8a | | X | |
| b Each committee with authority to act on behalf of the governing body? | 8b | | X | |
| 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O | 9 | | | X |

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

| | Yes | No |
|--|-----|----|
| 10a Does the organization have local chapters, branches, or affiliates? | 10a | X |
| b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? | 10b | |
| 11 Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? | 11 | X |
| 11A Describe in Schedule O the process, if any, used by the organization to review this Form 990. | | |
| 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 | 12a | X |
| b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X |
| c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done | 12c | X |
| 13 Does the organization have a written whistleblower policy? | 13 | X |
| 14 Does the organization have a written document retention and destruction policy? | 14 | X |
| 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a The organization's CEO, Executive Director, or top management official | 15a | X |
| b Other officers or key employees of the organization | 15b | X |
| If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) | | |
| 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? | 16a | X |
| b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? | 16b | X |

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **CA**

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶**
DIANE BRACK - 925-373-4032
1111 E. STANLEY BLVD., LIVERMORE, CA 94550

Form 990 (2009)

932006
02-04-10

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 7

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

• List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

• List all of the organization's **current** key employees. See instructions for definition of "key employee."

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: Individual trustees or directors; Institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if the organization did not compensate any current officer, director, or trustee.

| (A) Name and Title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| DEBORAH MCKEEHAN CHAIR, BRD. OF DIR. | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARTY Inderbitzen VICE CHAIR, BRD. OF DIR. | 2.00 | X | | | | | | 0. | 0. | 0. |
| RALPH CAMACHO, MD SECRETARY, BRD. OF DIR. | 2.00 | X | | | | | | 0. | 0. | 0. |
| VALERIE CHIRURGI, MD BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| RICHARD FISCHER BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| JIM MAYER BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| BARBARA MERTES BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAVID MERTES BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOHN LOUIE, MD BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| TOM ROSE BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| JOHN SENSIBA BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| JIM SUMMERS BOARD MEMBER | 2.00 | X | | | | | | 0. | 0. | 0. |
| DAT NGUYEN, MD EXOFFICO-CHIEF OF STAFF | 2.00 | X | | | | | | 0. | 0. | 0. |
| MARCELINA FEIT PRESIDENT/CEO | 36.10 | | | X | | | | 812,794. | 0. | 399,740. |
| KENNETH JENSEN CHIEF FINANCIAL OFFICER | 36.10 | | | X | | | | 521,619. | 0. | 76,704. |
| CYNTHIA NOONAN CHIEF OPERATING OFFICER | 40.00 | | | X | | | | 450,244. | 0. | 76,901. |
| LAVERN BROWN VP GENERAL SVCS & HR | 39.80 | | | | X | | | 372,020. | 0. | 80,354. |

932007 02-04-10

Form 990 (2009)

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page **8**

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

| (A) Name and title | (B) Average hours per week | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|---|-------------------------------|--|-----------------------|---------|--------------|------------------------------|--------|--|---|---|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| JESSICA JORDAN VP PATIENT CARE | 40.00 | | | | X | | | 276,083. | 0. | 17,163. |
| NEIL SOL VP OUTPATIENT SVCS | 40.00 | | | | X | | | 248,817. | 0. | 16,803. |
| CLAIRE SHOEN EXEC VP BUS DEV/PHYS RLTS | 30.00 | | | | X | | | 296,100. | 0. | 14,470. |
| KENNETH MERCER VP CHARITABLE FNDN | 40.00 | | | | X | | | 268,833. | 0. | 5,362. |
| KENNETH BARTLETT MULTI-MODALITY TECH | 40.00 | | | | | X | | 206,805. | 0. | 6,464. |
| JANINE PINKS CARDIO PHYSICIAN ASST. | 40.00 | | | | | X | | 195,736. | 0. | 18,506. |
| KAREN DYNEK REGISTERED NURSE | 40.00 | | | | | X | | 215,003. | 0. | 19,868. |
| CHRISTINE RAWLS LEAD ULTRASOUND TECH | 40.00 | | | | | X | | 201,981. | 0. | 10,871. |
| PAUL MUSER MULTI-MODALITY TECH | 40.00 | | | | | X | | 247,403. | 0. | 24,842. |
| | | | | | | | | | | |
| 1b Total | | | | | | | | 4,313,438. | 0. | 768,048. |

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization

335

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person

| | Yes | No |
|----------|----------|----------|
| 3 | | X |
| 4 | X | |
| 5 | | X |

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization.

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---|--------------------------------|---------------------|
| SIEMENS MEDICAL SOLUTIONS DEPT LA 21536, PASADENA, CA 91185-1536 | IT SERVICES | 6,123,131. |
| MEADE CONSTRUCTION GROUP INC 645 RIVER OAKS PARKWAY, SAN JOSE, CA 95134 | CONSTRUCTION | 1,551,982. |
| MEDICAL ANESTHESIA CONSULTANTS PO BOX 512107, LOS ANGELES, CA 90051-0107 | PHYSICIAN SERVICES | 1,046,422. |
| KARES CONSTRUCTION INC 96 RICKENBACKER CIRCLE, LIVERMORE, CA 94550 | CONSTRUCTION | 778,485. |
| XL CONSTRUCTION CORPORATION 851 BUCKEYE COURT, MILPITAS, CA 95035 | CONSTRUCTION | 697,256. |

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization

37

Form **990** (2009)

932008 02-04-10

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 9

Part VIII Statement of Revenue

| | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|--|----------------|--------------|----------------------|---|---|--|
| Contributions, gifts, grants and other similar amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | | | | | |
| | c Fundraising events | 1c | | | | | |
| | d Related organizations | 1d | 502,430. | | | | |
| | e Government grants (contributions) | 1e | | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above | 1f | 817,160. | | | | |
| | g Noncash contributions included in lines 1a-1f: \$ | | | | | | |
| | h Total. Add lines 1a-1f | | | 1319590. | | | |
| Program Service Revenue | 2 a ANCILLARY PTNT SRVCS | Business Code | 621990 | 411,247,139. | 411,247,139. | | |
| | b OUTPATIENT SRVCS | | 621990 | 351,218,643. | 351,218,643. | | |
| | c INPATIENT SRVCS | | 621990 | 207,981,461. | 207,981,461. | | |
| | d LAB SERVICES | | 621500 | 447,156. | | 447,156. | |
| | e CONTRACTUAL ALLOWANCE | | 621990 | -734,810,085. | -734,810,085. | | |
| | f All other program service revenue | | | | | | |
| | g Total. Add lines 2a-2f | | | 236,084,314. | | | |
| | 3 Investment income (including dividends, interest, and other similar amounts) | | | 400,451. | | | 400,451. |
| 4 Income from investment of tax-exempt bond proceeds | | | | | | | |
| 5 Royalties | | | | | | | |
| Other Revenue | 6 a Gross Rents | (i) Real | 2,182,591. | | | | |
| | b Less: rental expenses | (ii) Personal | 1,762,582. | | | | |
| | c Rental income or (loss) | | 420009. | | | | |
| | d Net rental income or (loss) | | | 420,009. | | | 420,009. |
| | 7 a Gross amount from sales of assets other than inventory | (i) Securities | 133655. | | | | |
| | b Less: cost or other basis and sales expenses | (ii) Other | | | | | |
| | c Gain or (loss) | | 133655. | | | | |
| | d Net gain or (loss) | | | 133,655. | | | 133,655. |
| | 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from fundraising events | | | | | | |
| | 9 a Gross income from gaming activities. See Part IV, line 19 | | | | | | |
| | b Less: direct expenses | | | | | | |
| | c Net income or (loss) from gaming activities | | | | | | |
| | 10 a Gross sales of inventory, less returns and allowances | | | | | | |
| | b Less: cost of goods sold | | | | | | |
| | c Net income or (loss) from sales of inventory | | | | | | |
| | Miscellaneous Revenue | | | Business Code | | | |
| | 11 a MONTHLY DUES-LIFESTYLE | | 624310 | 4803804. | | | 4,803,804. |
| | b OTHER REVENUES | | 900099 | 2853918. | 896,109. | | 1,957,809. |
| c K-1 INCOME | | 900099 | 222,981. | | | 222,981. | |
| d All other revenue | | | | | | | |
| e Total. Add lines 11a-11d | | | 7880703. | | | | |
| 12 Total revenue. See instructions. | | | 245,238,722. | 236,533,267. | 447,156. | 7,938,709. | |

932009
02-04-10

Form 990 (2009)

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Form 990 (2009)

94-1429628 Page 10

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
|--|-----------------------|---------------------------------|--|-----------------------------|
| 1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 | 426,697. | 426,697. | | |
| 2 Grants and other assistance to individuals in the U.S. See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 3,690,482. | | 3,690,482. | |
| 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 94,125,179. | 69,263,311. | 24,861,868. | |
| 8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) | 1,382,095. | 980,677. | 401,418. | |
| 9 Other employee benefits | 12,036,809. | 8,534,923. | 3,501,886. | |
| 10 Payroll taxes | 6,774,823. | 4,905,293. | 1,869,530. | |
| 11 Fees for services (non-employees): | | | | |
| a Management | 1,526,694. | 18,928. | 1,507,766. | |
| b Legal | 148,645. | | 148,645. | |
| c Accounting | | | | |
| d Lobbying | | | | |
| e Professional fundraising services. See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 18,270,182. | 9,954,755. | 8,315,427. | |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 42,225,215. | 35,296,585. | 6,928,630. | |
| 14 Information technology | 8,657,340. | 6,242,026. | 2,415,314. | |
| 15 Royalties | | | | |
| 16 Occupancy | 8,493,876. | 6,547,366. | 1,946,510. | |
| 17 Travel | 252,156. | | 252,156. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 156,789. | 53,459. | 103,330. | |
| 20 Interest | 5,477,009. | 3,896,850. | 1,580,159. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 7,820,096. | 5,874,073. | 1,946,023. | |
| 23 Insurance | 1,522,198. | 1,097,519. | 424,679. | |
| 24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.) | | | | |
| a BAD DEBT | 28,435,402. | 28,435,402. | | |
| b OTHER EXPENSES | 183,223. | 51,604. | 131,619. | |
| c | | | | |
| d | | | | |
| e | | | | |
| f All other expenses | | | | |
| 25 Total functional expenses. Add lines 1 through 24f | 241604910. | 181579468. | 60,025,442. | 0. |
| 26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ... | | | | |

932010 02-04-10

Form 990 (2009)

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Form 990 (2009)

94-1429628 Page 11

Part X Balance Sheet

| | | (A) Beginning of year | | (B) End of year |
|---|---|--------------------------|--------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 144,151. | 1 | 11,597,844. |
| | 2 Savings and temporary cash investments | 37,569,981. | 2 | 25,059,959. |
| | 3 Pledges and grants receivable, net | | 3 | |
| | 4 Accounts receivable, net | 39,281,496. | 4 | 38,271,360. |
| | 5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L | | 5 | |
| | 6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L | | 6 | |
| | 7 Notes and loans receivable, net | 714,400. | 7 | 835,599. |
| | 8 Inventories for sale or use | 4,074,353. | 8 | 4,591,915. |
| | 9 Prepaid expenses and deferred charges | 1,393,813. | 9 | 1,516,666. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 199,919,470. | | |
| | b Less: accumulated depreciation | 10b 100,354,241. | 97,854,039. | 10c 99,565,229. |
| | 11 Investments - publicly traded securities | | 11 | |
| | 12 Investments - other securities. See Part IV, line 11 | 17,627,157. | 12 | 21,486,064. |
| | 13 Investments - program-related. See Part IV, line 11 | | 13 | |
| | 14 Intangible assets | | 14 | |
| | 15 Other assets. See Part IV, line 11 | 13,973,806. | 15 | 23,602,734. |
| 16 Total assets. Add lines 1 through 15 (must equal line 34) | 212,633,196. | 16 | 226,527,370. | |
| Liabilities | 17 Accounts payable and accrued expenses | 30,343,563. | 17 | 31,070,831. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 1,614,701. | 19 | 1,500,821. |
| | 20 Tax-exempt bond liabilities | 80,475,000. | 20 | 88,686,628. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | 8,190,702. | 23 | 7,381,260. |
| | 24 Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 Other liabilities. Complete Part X of Schedule D | 6,234,511. | 25 | 7,372,801. |
| | 26 Total liabilities. Add lines 17 through 25 | 126,858,477. | 26 | 136,012,341. |
| Net Assets or Fund Balances | Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. | | | |
| | 27 Unrestricted net assets | 85,719,112. | 27 | 90,506,320. |
| | 28 Temporarily restricted net assets | 55,607. | 28 | 8,709. |
| | 29 Permanently restricted net assets | | 29 | |
| | Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34. | | | |
| | 30 Capital stock or trust principal, or current funds | | 30 | |
| | 31 Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| 33 Total net assets or fund balances | 85,774,719. | 33 | 90,515,029. | |
| 34 Total liabilities and net assets/fund balances | 212,633,196. | 34 | 226,527,370. | |

Form 990 (2009)

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Form 990 (2009)

94-1429628 Page 12

Part XI Financial Statements and Reporting

1 Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____

If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.

2a Were the organization's financial statements compiled or reviewed by an independent accountant?

b Were the organization's financial statements audited by an independent accountant?

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.

d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both:

☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis

3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

| | Yes | No |
|-----------|-----|----|
| | | |
| 2a | | X |
| 2b | X | |
| 2c | X | |
| | | |
| 3a | | X |
| 3b | | |

Form 990 (2009)

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

QMB No. 1545-0047

2009

**Open to Public
Inspection**

Name of the organization HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

| | |
|---------------|--|
| Part I | Reason for Public Charity Status (All organizations must complete this part.) See instructions. |
|---------------|--|

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☒ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally Integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____

(ii) A family member of a person described in (i) above? _____

(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____

h Provide the following information about the supported organization(s).

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

[illegible]

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | | | | | | |
| 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) | | | | | | |
| 6 Public support. Subtract line 5 from line 4. | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|---|----------|----------|----------|----------|----------|--------------------------|
| 7 Amounts from line 4 | | | | | | |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | | | | | |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 11 Total support. Add lines 7 through 10 | | | | | | |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | |
| 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|--|----|--------------------------|
| 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) | 14 | % |
| 15 Public support percentage from 2008 Schedule A, Part II, line 14 | 15 | % |
| 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization | | <input type="checkbox"/> |
| 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions | | <input type="checkbox"/> |

Schedule A (Form 990 or 990-EZ) 2009

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)**Section A. Public Support**

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... | | | | | | |
| 6 Total. Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 Public support (Subtract line 7c from line 6.) | | | | | | |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2005 | (b) 2006 | (c) 2007 | (d) 2008 | (e) 2009 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ... | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) | | | | | | |
| 13 Total support (Add lines 9, 10c, 11, and 12.) | | | | | | |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

| | | |
|---|----|---|
| 15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 Public support percentage from 2008 Schedule A, Part III, line 15 | 16 | % |

Section D. Computation of Investment Income Percentage

| | | |
|--|----|---|
| 17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) | 17 | % |
| 18 Investment income percentage from 2008 Schedule A, Part III, line 17 | 18 | % |

19a 33 1/3% support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Schedule A (Form 990 or 990-EZ) 2009

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number

94-1429628

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

☒ 501(c)(3) (enter number) organization

☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

☐ 527 political organization

Form 990-PF

☐ 501(c)(3) exempt private foundation

☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation

☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☒ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☐ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions
for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number

94-1429628

Part I Contributors (see instructions)

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
|------------|-----------------------------------|--------------------------------|--|
| 1 | | \$ 502,430. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| 2 | | \$ 349,380. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |
| | | \$ | Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.) |

Name of organization

Employer identification number

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

94-1429628

Part II Noncash Property (see instructions)

| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (see instructions) | (d) Date received |
|------------------------------|--|--|----------------------|
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |
| | | \$ | |

Name of organization

Employer identification number

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

94-1429628

Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations aggregating more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$

| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
|---------------------------|---|-----------------|--|
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |
| | (e) Transfer of gift | | |
| | Transferee's name, address, and ZIP + 4 | | Relationship of transferor to transferee |
| | | | |
| | | | |
| | | | |

SCHEDULE C
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities
For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ **Complete if the organization is described below.**
▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public
Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part VI, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA** Employer identification number **94-1429628**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$
- 3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$
 - 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$
 - 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
 - 4a Was a correction made? ☐ Yes ☐ No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$
- 4 Did the filing organization file Form 1120-POL for this year? ☐ Yes ☐ No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which payments were made. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

| (a) Name | (b) Address | (c) EIN | (d) Amount paid from filing organization's funds. If none, enter -0- | (e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0- |
|----------|-------------|---------|--|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2009
LHA

HOSPITAL COMMITTEE FOR THE LIVERMORE/

Schedule C (Form 990 or 990-EZ) 2009

PLEASANTON AREA

94-1429628 Page 2

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A Check ☐ if the filing organization belongs to an affiliated group.
 B Check ☐ if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals |
|---|--|----------------------------------|-----------------------------|
| 1 a Total lobbying expenditures to influence public opinion (grass roots lobbying) | | | |
| b Total lobbying expenditures to influence a legislative body (direct lobbying) | | | |
| c Total lobbying expenditures (add lines 1a and 1b) | | | |
| d Other exempt purpose expenditures | | | |
| e Total exempt purpose expenditures (add lines 1c and 1d) | | | |
| f Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | |
| If the amount on line 1e, column (a) or (b) is: | The lobbying nontaxable amount is: | | |
| Not over \$500,000 | 20% of the amount on line 1e. | | |
| Over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | |
| Over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | |
| Over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | |
| Over \$17,000,000 | \$1,000,000. | | |
| g Grassroots nontaxable amount (enter 25% of line 1f) | | | |
| h Subtract line 1g from line 1a. If zero or less, enter -0- | | | |
| i Subtract line 1f from line 1c. If zero or less, enter -0- | | | |
| j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

| Calendar year (or fiscal year beginning in) | (a) 2006 | (b) 2007 | (c) 2008 | (d) 2009 | (e) Total |
|--|----------|----------|----------|----------|-----------|
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990 or 990-EZ) 2009

HOSPITAL COMMITTEE FOR THE LIVERMORE/

Schedule C (Form 990 or 990-EZ) 2009

PLEASANTON AREA

94-1429628 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

| | (a) | | (b) |
|--|-----|----|---------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | | X | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? | | X | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | | X | |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? If "Yes," describe in Part IV | X | | 21,185. |
| j Total. Add lines 1c through 1i | | | 21,185. |
| 2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

| | Yes | No |
|---|-----|----|
| 1 Were substantially all (90% or more) dues received nondeductible by members? | 1 | |
| 2 Did the organization make only in-house lobbying expenditures of \$2,000 or less? | 2 | |
| 3 Did the organization agree to carryover lobbying and political expenditures from the prior year? | 3 | |

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Part III-A, line 3 is answered "Yes."

| | | |
|---|-----------|--|
| 1 Dues, assessments and similar amounts from members | 1 | |
| 2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid). | | |
| a Current year | 2a | |
| b Carryover from last year | 2b | |
| c Total | 2c | |
| 3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues | 3 | |
| 4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year? | 4 | |
| 5 Taxable amount of lobbying and political expenditures (see instructions) | 5 | |

Part IV Supplemental Information

Complete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; and Part II-B, line 1i. Also, complete this part for any additional information.

PART II-B, LINE 1(I), OTHER LOBBYING ACTIVITIES:

THE ORGANIZATION PAYS DUES TO CHA/HCNCC AND AHA. A PORTION OF THE DUES PAID ARE USED FOR LOBBYING PURPOSES.

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Employer identification number
94-1429628

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

| | (a) Donor advised funds | (b) Funds and other accounts |
|---|------------------------------|------------------------------|
| 1 Total number at end of year | | |
| 2 Aggregate contributions to (during year) | | |
| 3 Aggregate grants from (during year) | | |
| 4 Aggregate value at end of year | | |
| 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

| | |
|---|--|
| <input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure) | <input type="checkbox"/> Preservation of an historically important land area |
| <input type="checkbox"/> Protection of natural habitat | <input type="checkbox"/> Preservation of a certified historic structure |
| <input type="checkbox"/> Preservation of open space | |

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

| | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included in (a) | 2c |
| d Number of conservation easements included in (c) acquired after 8/17/06 | 2d |

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items:

a Revenues included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a ☐ Public exhibition d ☐ Loan or exchange programs
- b ☐ Scholarly research e ☐ Other _____
- c ☐ Preservation for future generations
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No
- b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

- | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
|--|------------------|----------------|--------------------|----------------------|---------------------|
| 1a Beginning of year balance | | | | | |
| b Contributions | | | | | |
| c Net investment earnings, gains, and losses | | | | | |
| d Grants or scholarships | | | | | |
| e Other expenditures for facilities and programs | | | | | |
| f Administrative expenses | | | | | |
| g End of year balance | | | | | |
- 2 Provide the estimated percentage of the year end balance held as:
- a Board designated or quasi-endowment ☐ %
- b Permanent endowment ☐ %
- c Term endowment ☐ %
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments - Land, Buildings, and Equipment. See Form 990, Part X, line 10.

| Description of investment | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|--------------------------------------|---------------------------------|------------------------------|----------------|
| 1a Land | 1,779,852. | 11,157,847. | | 12,937,699. |
| b Buildings | | 113217824. | 50,283,194. | 62,934,630. |
| c Leasehold improvements | | 11,551,478. | 6,494,082. | 5,057,396. |
| d Equipment | | 49,440,277. | 37,150,352. | 12,289,925. |
| e Other | | 12,772,192. | 6,426,613. | 6,345,579. |
| Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) | | | | 99,565,229. |

Schedule D (Form 990) 2009

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Schedule D (Form 990) 2009

94-1429628 Page 4

Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements

| | | | |
|----|--|----|--------------|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 1 | 246,238,722. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 2 | 241,604,910. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | 3 | 4,633,812. |
| 4 | Net unrealized gains (losses) on investments | 4 | |
| 5 | Donated services and use of facilities | 5 | |
| 6 | Investment expenses | 6 | |
| 7 | Prior period adjustments | 7 | |
| 8 | Other (Describe in Part XIV.) | 8 | 106,498. |
| 9 | Total adjustments (net). Add lines 4 through 8 | 9 | 106,498. |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | 10 | 4,740,310. |

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

| | | | |
|---|---|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 247243000. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| a | Net unrealized gains on investments | 2a | |
| b | Donated services and use of facilities | 2b | |
| c | Recoveries of prior year grants | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 1,762,188. |
| e | Add lines 2a through 2d | 2e | 1,762,188. |
| 3 | Subtract line 2e from line 1 | 3 | 245480812. |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 757,910. |
| c | Add lines 4a and 4b | 4c | 757,910. |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 | 246238722. |

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

| | | | |
|---|--|----|------------|
| 1 | Total expenses and losses per audited financial statements | 1 | 242828000. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| a | Donated services and use of facilities | 2a | |
| b | Prior year adjustments | 2b | |
| c | Other losses | 2c | |
| d | Other (Describe in Part XIV.) | 2d | 1,761,351. |
| e | Add lines 2a through 2d | 2e | 1,761,351. |
| 3 | Subtract line 2e from line 1 | 3 | 241066649. |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | Investment expenses not included on Form 990, Part VIII, line 7b | 4a | |
| b | Other (Describe in Part XIV.) | 4b | 538,261. |
| c | Add lines 4a and 4b | 4c | 538,261. |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) | 5 | 241604910. |

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X: VHS ADOPTED THE PROVISIONS OF ASC TOPIC 740-10, INCOME

TAXES, RELATING TO ACCOUNTING FOR UNCERTAIN TAX POSITIONS. VHS HAD NO

UNRECOGNIZED TAX BENEFITS WHICH WOULD REQUIRE AN ADJUSTMENT TO THE JULY 1,

2009 BEGINNING BALANCE OF NET ASSETS AND HAD NO UNRECOGNIZED TAX BENEFITS

AT JUNE 30, 2010. VHS FILES FEDERAL AND CALIFORNIA EXEMPT ORGANIZATION

RETURNS.

PART XI, LINE 8 - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2009

932054
02-01-10

Part XIV Supplemental Information (continued)

BOOK-TAX DIFFERENCE ON PPA II INCOME: 106498.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING: -394.

RECLASSIFICATION OF RENTAL INCOME FROM EXPENSE SECTION: 1762582.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BOOK-TAX DIFFERENCE ON PPA II INCOME: -106498.

RECLASSIFICATION OF CONTRIBUTIONS FROM OTHER CHANGES IN FUND

BALANCE: 730753.

RECLASSIFICATION OF GAIN ON SALE OF FIXED ASSETS FROM EXPENSE
SECTION: 133655.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ROUNDING: -1231.

RECLASSIFICATION OF RENTAL EXPENSES TO REVENUE SECTION: 1762582.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

RECLASSIFICATION OF OTHER EXPENSES FROM OTHER CHANGES IN FUND

BALANCE: 3785.

RECLASSIFICATION OF ADDITIONAL SALARIES FROM OTHER CHANGES IN

FUND BALANCE: 400821.

RECLASSIFICATION OF GAIN ON SALE OF FIXED ASSETS TO REVENUES
SECTION: 133655.

**SCHEDULE H
(Form 990)**

Department of the Treasury
Internal Revenue Service

Hospitals

- **Complete if the organization answered "Yes" to Form 990, Part IV, question 20.**
► **Attach to Form 990.**
► **See separate instructions.**

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA** Employer identification number
94-1429628

Part I Charity Care and Certain Other Community Benefits at Cost

| | Yes | No |
|---|-------------|----|
| 1 a Does the organization have a charity care policy? If "No," skip to question 6a | 1a X | |
| b If "Yes," is it a written policy? | 1b X | |
| 2 If the organization has multiple hospitals, indicate which of the following best describes application of the charity care policy to the various hospitals. <input checked="" type="checkbox"/> Applied uniformly to all hospitals <input type="checkbox"/> Applied uniformly to most hospitals <input type="checkbox"/> Generally tailored to individual hospitals | | |
| 3 Answer the following based on the charity care eligibility criteria that applies to the largest number of the organization's patients. a Does the organization use Federal Poverty Guidelines (FPG) to determine eligibility for providing free care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input checked="" type="checkbox"/> 200% <input type="checkbox"/> Other _____ % | 3a X | |
| b Does the organization use FPG to determine eligibility for providing discounted care to low income individuals? If "Yes," indicate which of the following is the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input checked="" type="checkbox"/> 350% <input type="checkbox"/> 400% <input type="checkbox"/> Other _____ % | 3b X | |
| c If the organization does not use FPG to determine eligibility, describe in Part VI the income based criteria for determining eligibility for free or discounted care. Include in the description whether the organization uses an asset test or other threshold, regardless of income, to determine eligibility for free or discounted care. | | |
| 4 Does the organization's policy provide free or discounted care to the "medically indigent"? | 4 X | |
| 5 a Does the organization budget amounts for free or discounted care provided under its charity care policy? | 5a X | |
| b If "Yes," did the organization's charity care expenses exceed the budgeted amount? | 5b X | |
| c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care? | 5c | X |
| 6 a Does the organization prepare an annual community benefit report? | 6a X | |
| b If "Yes," does the organization make it available to the public? | 6b X | |

Complete the following table using the worksheets provided in the Schedule H instructions. Do not submit these worksheets with the Schedule H.

7 Charity Care and Certain Other Community Benefits at Cost

| Charity Care and Means-Tested Government Programs | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community benefit expense | (d) Direct offsetting revenue | (e) Net community benefit expense | (f) Percent of total expense |
|--|---|-------------------------------|-------------------------------------|-------------------------------|-----------------------------------|------------------------------|
| a Charity care at cost (from Worksheets 1 and 2) | 3 | 894 | 1,313,480. | | 1,313,480. | .62% |
| b Unreimbursed Medicaid (from Worksheet 3, column a) | 3 | 9,259 | 17,330,178. | 13,263,106. | 4,067,072. | 1.91% |
| c Unreimbursed costs - other means-tested government programs (from Worksheet 3, column b) | 0 | 0 | 505,974. | 170,041. | 335,933. | .16% |
| d Total Charity Care and Means-Tested Government Programs ... | 6 | 10,153 | 19,149,632. | 13,433,147. | 5,716,485. | 2.69% |
| Other Benefits | | | | | | |
| e Community health improvement services and community benefit operations (from Worksheet 4) | 63 | 242,040 | 3,235,563. | 1,415,470. | 1,820,093. | .85% |
| f Health professions education (from Worksheet 5) | | | 1,325,641. | | 1,325,641. | .62% |
| g Subsidized health services (from Worksheet 6) | | | 1,948,395. | | 1,948,395. | .91% |
| h Research (from Worksheet 7) | | | | | | |
| i Cash and in-kind contributions to community groups (from Worksheet 8) | | | | | | |
| j Total. Other Benefits | 63 | 242,040 | 6,509,599. | 1,415,470. | 5,094,129. | 2.38% |
| k Total. Add lines 7d and 7j | 69 | 252,193 | 25,659,231. | 14,848,617. | 10,810,614. | 5.07% |

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Schedule H (Form 990) 2009

94-1429628 Page 2

Part II Community Building Activities Complete this table if the organization conducted any community building activities.

| | (a) Number of activities or programs (optional) | (b) Persons served (optional) | (c) Total community building expense | (d) Direct offsetting revenue | (e) Net community building expense | (f) Percent of total expense |
|---|---|-------------------------------|--------------------------------------|-------------------------------|------------------------------------|------------------------------|
| 1 Physical improvements and housing | | | | | | |
| 2 Economic development | | | | | | |
| 3 Community support | | | | | | |
| 4 Environmental improvements | | | | | | |
| 5 Leadership development and training for community members | | | | | | |
| 6 Coalition building | | | | | | |
| 7 Community health improvement advocacy | | | | | | |
| 8 Workforce development | | | | | | |
| 9 Other | | | | | | |
| 10 Total | | | | | | |

Part III Bad Debt, Medicare, & Collection Practices

Section A. Bad Debt Expense

1 Does the organization report bad debt expense in accordance with Healthcare Financial Management Association Statement No. 15? 1 X

2 Enter the amount of the organization's bad debt expense (at cost) 2 6,331,221.

3 Enter the estimated amount of the organization's bad debt expense (at cost) attributable to patients eligible under the organization's charity care policy 3

4 Provide in Part VI the text of the footnote to the organization's financial statements that describes bad debt expense. In addition, describe the costing methodology used in determining the amounts reported on lines 2 and 3, and rationale for including other bad debt amounts in community benefit.

Section B. Medicare

5 Enter total revenue received from Medicare (including DSH and IME) 5 51,362,862.

6 Enter Medicare allowable costs of care relating to payments on line 5 6 73,790,183.

7 Subtract line 6 from line 5. This is the surplus or (shortfall) 7 -22427321.

8 Describe in Part VI the extent to which any shortfall reported in line 7 should be treated as community benefit.

Also describe in Part VI the costing methodology or source used to determine the amount reported on line 6.

Check the box that describes the method used:

☒ Cost accounting system ☐ Cost to charge ratio ☐ Other

Section C. Collection Practices

9a Does the organization have a written debt collection policy? 9a X

b If "Yes," does the organization's collection policy contain provisions on the collection practices to be followed for patients who are known to qualify for charity care or financial assistance? Describe in Part VI 9b X

Part IV Management Companies and Joint Ventures

| (a) Name of entity | (b) Description of primary activity of entity | (c) Organization's profit % or stock ownership % | (d) Officers, directors, trustees, or key employees' profit % or stock ownership % | (e) Physicians' profit % or stock ownership % |
|--------------------|---|--|--|---|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| 4 | | | | |
| 5 | | | | |
| 6 | | | | |
| 7 | | | | |
| 8 | | | | |
| 9 | | | | |
| 10 | | | | |
| 11 | | | | |
| 12 | | | | |
| 13 | | | | |
| 14 | | | | |

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Schedule H (Form 990) 2009

94-1429628 Page 4

Part VI Supplemental Information

Complete this part to provide the following information.

- 1 Provide the description required for Part I, line 3c; Part I, line 6a; Part I, line 7g; Part I, line 7, column (f); Part I, line 7; Part III, line 4; Part III, line 8; Part III, line 9b, and Part V. See Instructions.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's charity care policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Community building activities.** Describe how the organization's community building activities, as reported in Part II, promote the health of the communities the organization serves.
- 6 Provide any other information important to describing how the organization's hospitals or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 7 If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 8 If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

PART I, LINE 7: RATIO OF PATIENT CARE COST TO CHARGES WAS USED TO
CALCULATE THE AMOUNTS INCLUDED IN THE TABLE AT SCHEDULE H, PART I, LINE 7.

PART I, LINE 7, COLUMN (F): THE AMOUNT OF BAD DEBT INCLUDED ON FORM 990,
PART IX, LINE 25 THAT WAS SUBTRACTED FOR THE PURPOSES OF CALCULATING THE
AMOUNTS REPORTED ON SCHEDULE H, PART I, LINE 7, COLUMN (F) IS \$28,435,402.

PART III, LINE 4: BAD DEBT EXPENSE ON THE INCOME STATEMENT FOR FISCAL
YEAR 2010 WAS \$28,687,000, WHICH IS AT CHARGES. BAD DEBT IS BASED ON
REMAINING ACCOUNT BALANCE AFTER ANY DISCOUNTS OR PAYMENTS HAVE BEEN
APPLIED. VCHS DOES NOT RECLASSIFY ANY BAD DEBT TO CHARITY UNLESS THE
PATIENT QUALIFIES UNDER THE CHARITY CARE POLICY. A COST TO CHARGE RATIO
WAS USED TO DETERMINE COST.

PER THE AUDITED FINANCIAL STATEMENTS: THE PROVISION FOR BAD DEBTS OF
APPROXIMATELY \$28,687,000 AND \$26,985,000 FOR THE YEARS ENDED JUNE 30,
2010 AND 2009, RESPECTIVELY, REPRESENTS ESTIMATED UNCOLLECTIBLE CHARGES
FOR SERVICES PROVIDED PRIMARILY TO SELF-PAY AND PRIVATE HEALTH INSURANCE
PATIENTS.

PATIENT ACCOUNTS RECEIVABLE CONSIST OF AMOUNTS OWED BY VARIOUS GOVERNMENT
AGENCIES, INSURANCE COMPANIES AND PRIVATE PATIENTS. VHS GRANTS CREDIT

Part VI Supplemental Information

WITHOUT COLLATERAL TO ITS PATIENTS, MOST OF WHOM ARE INSURED UNDER THIRD-PARTY PAYOR AGREEMENTS. VHS MANAGES ITS COLLECTION RISK BY REGULARLY REVIEWING ITS ACCOUNTS AND CONTRACTS AND BY PROVIDING APPROPRIATE ALLOWANCES. THE SIGNIFICANT CONCENTRATION OF RECEIVABLES FROM PATIENTS AND THIRD-PARTY PAYORS IS AS FOLLOWS AT JUNE 30: MEDICARE 21%, MEDICAL 15%, SELF PAYORS 13% AND CONTRACTED THIRD-PARTY PAYORS 51%.

PART III, LINE 8: THE METHODOLOGY DESCRIBED IN THE INSTRUCTIONS TO SCHEDULE H, PART III, SECTION B, LINE 6 DOES NOT TAKE INTO ACCOUNT ALL COSTS INCURRED BY THE HOSPITAL AND DOES NOT REPRESENT THE TOTAL COMMUNITY BENEFIT CONFERRED IN THIS AREA. THE MEDICARE SHORTFALL OF \$22,427,321 REFLECTED ON SCHEDULE H, PART III, SECTION B WAS DETERMINED USING INFORMATION FROM THE ORGANIZATION'S MEDICARE COST REPORT. HOWEVER, USING A FINANCIAL STATEMENT COST-TO-CHARGE RATIO METHODOLOGY ACTUALLY RESULTS IN A MUCH LARGER MEDICARE SHORTFALL OF \$28,301,608. THE MOST COMMON REASONS FOR A DIFFERENCE BETWEEN THE MEDICARE SHORTFALL REPORTED ON SCHEDULE H AND THE MEDICARE SHORTFALL REPORTED ON THE CORE FORM, PART III INCLUDED MEDICARE MANAGED CARE.

REASONS WHY MEDICARE SHORTFALL SHOULD BE TREATED AS COMMUNITY BENEFIT ARE:

1. ABSENT THE MEDICARE PROGRAM, IT IS LIKELY MANY OF THE INDIVIDUALS WOULD QUALIFY FOR CHARITY CARE OR OTHER MEANS-BASED GOVERNMENT PROGRAMS,
2. BY ACCEPTING PAYMENT BELOW COST TO TREAT THESE INDIVIDUALS, THE BURDENS OF GOVERNMENT ARE RELIEVED WITH RESPECT TO THESE INDIVIDUALS,
3. THERE IS A SIGNIFICANT POSSIBILITY THAT CONTINUED REDUCTION ON REIMBURSEMENT MAY ACTUALLY CREATE DIFFICULTIES IN ACCESS FOR THESE INDIVIDUAL, AND
4. THE AMOUNT SPENT TO COVER THE MEDICARE SHORTFALL IS MONEY NOT

AVAILABLE TO COVER CHARITY CARE OR OTHER COMMUNITY BENEFIT NEEDS.

PART III, LINE 9B: THE AMOUNT DETERMINED AS CHARITY CARE ARE NOT COLLECTED AND WRITTEN OFF TO CHARITY. IF A REDUCED RATE IS GIVEN, THE AMOUNT DETERMINED AS PATIENT BALANCE IS COLLECTED ON IN THE SAME MANNER AS ALL OTHER PATIENTS.

PART VI, LINE 2: VCHS IS A PARTICIPANT IN THE COMMUNITY ASSESSMENT, PLANNING, AND EDUCATION UNIT COLLABORATIVE, WHICH COMPILES INFORMATION FOR ALL PARTICIPATING HOSPITALS TO PRODUCE A REPORT EVERY 3 YEARS FOR THE HOSPITAL COUNCIL OF NO. CALIFORNIA. THE 9/10 REPORT IDENTIFIES THE UNINSURED POPULATION, WHICH MOST ARE ELIGIBLE FOR MEDI-CAL. THE REPORT WAS STUDIED IN THE COUNTY FOR RECOMMENDATIONS REGARDING CARE AND ACCESS ISSUES. NEXT REPORT WILL BE COMPLETED BY JULY 2013.

PART VI, LINE 3: IN KEEPING WITH A COMMITMENT TO MEET THE NEEDS OF OUR COMMUNITY, VALLEYCARE HEALTH SYSTEM WILL EXTEND FINANCIAL ASSISTANCE IN THE FORM OF A PATIENTS/GUARANTOR FINANCIAL ASSISTANCE PROGRAM TO THOSE PATIENTS/GUARANTORS WHO HAVE DEMONSTRATED AN INABILITY TO PAY FOR NEEDED MEDICAL AND SUPPORTIVE SERVICES.

VALLEYCARE HEALTH SYSTEM WILL INTERVIEW EACH PATIENT/GUARANTOR AND DETERMINE THE CAPABILITY TO MEET HIS/HER FINANCIAL OBLIGATIONS FOR MEDICAL CARE. PATIENTS/GUARANTORS WHO ARE UNABLE TO MEET THE FINANCIAL OBLIGATION WILL FIRST BE SCREENED FOR POSSIBLE ELIGIBILITY UNDER STATE OR FEDERAL HEALTHCARE PROGRAMS. IF THEY DO NOT MEET STATE OR FEDERAL CRITERIA FOR HEALTHCARE BENEFITS, THE PATIENT/GUARANTOR WILL BE INTERVIEWED TO DETERMINE WHETHER THEY MEET THE CRITERIA FOR PATIENT/GUARANTOR FINANCIAL

ASSISTANCE, AS DEFINED IN THE FINANCIAL ASSISTANCE/CHARITY CARE POLICY.

PART VI, LINE 4: THE TRI-VALLEY REGION IS BASED AROUND THE FOUR SUBURBAN CITIES OF LIVERMORE, PLEASANTON, DUBLIN AND SAN RAMON IN THE THREE VALLEYS FROM WHICH IT TAKES ITS NAME: AMADOR VALLEY, LIVERMORE VALLEY AND SAN RAMON VALLEY. LIVERMORE, PLEASANTON AND DUBLIN ARE IN ALAMEDA COUNTY, WHILE SAN RAMON IS IN CONTRA COSTA COUNTY. VALLEYCARE'S PRIMARY SERVICE AREA IS THE TRI-VALLEY. VALLEYCARE HAS FACILITIES IN PLEASANTON, LIVERMORE, AND TRACY (A CITY WITHIN ITS SECONDARY SERVICE AREA). THE TRI-VALLEY ACCOUNTS FOR OVER 80% OF VALLEYCARE'S INPATIENT DISCHARGES.

| | |
|--------------|---------|
| MEDICAID | 13,620 |
| MEDICARE | 22,130 |
| MANAGED CARE | 136,322 |
| COMMERCIAL | 76,194 |
| UNINSURED | 15,173 |
| TOTAL | 263,440 |

PART VI, LINE 6: THE FOLLOWING PROGRAMS AND SERVICES FURTHER THE ORGANIZATION'S EXEMPT PURPOSE BY PROMOTING THE HEALTH OF THE COMMUNITY:

PLEASANTON CAMPUS. VALLEYCARE MEDICAL CENTER, WHICH OPENED IN DECEMBER 1991, IS AN ACUTE CARE COMMUNITY HOSPITAL WITH APPROXIMATELY 114,000 SQUARE FEET OF SPACE THAT PROVIDES A COMPREHENSIVE RANGE OF MEDICAL AND SURGICAL INPATIENT AND OUTPATIENT ACUTE SERVICES, INCLUDING AN OUTPATIENT SURGICAL CENTER, A DIAGNOSTIC IMAGING CENTER INCLUDING COMPUTERIZED TOMOGRAPHY, MAGNETIC RESONANCE IMAGING AND A WOMEN'S CENTER (MAMMOGRAPHY), CARDIAC CARE, EMERGENCY ROOM, INTENSIVE CARE, OBSTETRICS, PEDIATRICS AND

Part VI Supplemental Information

OPERATING AND RECOVERY ROOMS. THE CURRENT LICENSED BED CAPACITY OF VALLEYCARE MEDICAL CENTER IS 167 ACUTE CARE BEDS (ALL OF WHICH ARE STAFFED), INCLUDING 116 MEDICAL/SURGICAL ACUTE CARE, 15 PERINATAL, 22 CRITICAL CARE, 4 PEDIATRIC, AND 10 INTENSIVE CARE NURSERY BEDS.

LIVERMORE CAMPUS. VALLEY MEMORIAL HOSPITAL, ON THE LIVERMORE CAMPUS, IS AN ACUTE CARE COMMUNITY HOSPITAL WITH APPROXIMATELY 125,000 SQUARE FEET OF SPACE THAT INCLUDES 26 SKILLED NURSING, AND 14 GERIATRIC PSYCHIATRIC BEDS. ADDITIONAL SERVICES AT VALLEY MEMORIAL HOSPITAL INCLUDE URGENT CARE, LABORATORY, OCCUPATIONAL HEALTH, DIAGNOSTIC IMAGING (ULTRASOUND, MAMMOGRAPHY, BONE DENSITOMETRY) AND RADIOLOGY. THE AMBULATORY SURGERY CENTER ON THE LIVERMORE CAMPUS, OPENED IN JULY 2003, HAS FOUR OPERATING ROOMS, THREE GASTRO-INTESTINAL (GI) SUITES, AND A 21-BED-PRE-OP AND POST ANESTHESIA CARE UNIT. THE URGENT CARE UNIT ON THE LIVERMORE CAMPUS, ALSO OPENED IN JULY 2003, HAS NINE EXAMINATION ROOMS WHERE PATIENTS RECEIVE CARE FOR CONDITIONS OF AN URGENT NATURE.

THE LIVERMORE CAMPUS IS ALSO THE LOCATION OF LIFESTYLE RX, AN INTEGRATED MEDICAL FITNESS CENTER OWNED AND OPERATED BY THE CORPORATION. IT IS DESIGNED TO PROMOTE COMMUNITY WELLNESS THROUGH SERVICES SUCH AS MEDICALLY BASED FITNESS, CARDIAC AND PULMONARY REHABILITATION, STRENGTH AND CARDIAC TRAINING, PHYSICAL AND SPORTS MEDICINE, AND WATER THERAPIES.

LICENSED AND STAFFED BEDS THE LICENSED AND STAFFED BEDS FOR 2010 AT VALLEYCARE MEDICAL CENTER WERE 167, WHILE AT THE VALLEY MEMORIAL HOSPITAL THE NUMBER OF LICENSED BEDS IS 75, WITH STAFFED BEDS AT 40.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization **HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Employer identification number
94-1429628

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ☒ Yes ☐ No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ... ☐

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section if applicable | (d) Amount of cash grant | (e) Amount of non-cash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of non-cash assistance | (h) Purpose of grant or assistance |
|--|----------------|--------------------------------------|---------------------------------|--|--|---|---|
| VALLEYCARE CHARITABLE FOUNDATION 1111 E. STANLEY BLVD. LIVERMORE, CA 94550 | 94-2941652 | 501(c)(3) | 426,697. | 0. | | | ALLOCATED EXPENSES |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

- 2** Enter total number of section 501(c)(3) and government organizations **1.**
- 3** Enter total number of other organizations **0.**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

94-1429628

Part II Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

| (a) Type of grant or assistance | (b) Number of recipients | (c) Amount of cash grant | (d) Amount of non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of non-cash assistance |
|---------------------------------|--------------------------|--------------------------|-----------------------------------|---|--|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

SCHEDULE I, PART I, LINE 2: THERE IS NO SPECIFIC PROCEDURE FOR MONITORING
THE USE OF FUNDS TO VALLEYCARE CHARITABLE FOUNDATION. AS PART OF THE
OVERALL OPERATION OF THESE RELATED ORGANIZATIONS, VALLEYCARE CHARITABLE
FOUNDATION KEEPS CAREFUL TRACK OF THE USE OF FUNDS WHICH THE GRANTS FROM
HOSPITAL COMMITTEE FOR THE LIVERMORE/PLEASANTON AREA ARE A PART OF.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number

94-1429628

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,
Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

Yes No

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or
reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

1b

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,
trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

2

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's
CEO/Executive Director. Check all that apply.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing
organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a** ☒ X
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☒ X
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☒ X
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the revenues of:

- a** The organization? **5a** ☒ X
- b** Any related organization? **5b** ☒ X
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation
contingent on the net earnings of:

- a** The organization? **6a** ☒ X
- b** Any related organization? **6b** ☒ X
- If "Yes" to line 6a or 6b, describe in Part III.

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments
not described in lines 5 and 6? If "Yes," describe in Part III **7** ☒ X

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the
initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III **8** ☒ X

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in
Regulations section 53.4958-6(c)? **9**

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2009

**HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA**

Schedule J (Form 990) 2009

94-1429628

Page 2

Part I Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

| (A) Name | | (B) Breakdown of W-2 and/or 1099-MISC compensation | | | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported in prior Form 990 or Form 990-EZ |
|------------------|------|--|---|---|---|-------------------------------|---------------------------------------|--|
| | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | | | | |
| MARCELINA FEIT | (i) | 563,910. | 150,000. | 98,884. | 348,525. | 51,215. | 1,212,534. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| KENNETH JENSEN | (i) | 384,008. | 100,000. | 37,611. | 56,200. | 20,504. | 598,323. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CYNTHIA NOONAN | (i) | 351,536. | 80,000. | 18,708. | 44,147. | 32,754. | 527,145. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| LAVERN BROWN | (i) | 286,778. | 48,000. | 37,242. | 42,700. | 37,654. | 452,374. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JESSICA JORDAN | (i) | 223,064. | 40,000. | 13,019. | 0. | 17,163. | 293,246. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| NEIL SOL | (i) | 192,512. | 10,000. | 46,305. | 0. | 16,803. | 265,620. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CLAIRE SHOEN | (i) | 231,915. | 60,000. | 4,185. | 0. | 14,470. | 310,570. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| KENNETH MERCER | (i) | 182,420. | 50,770. | 35,643. | 0. | 5,362. | 274,195. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| KENNETH BARTLETT | (i) | 206,805. | 0. | 0. | 6,464. | 0. | 213,269. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| JANINE PINKS | (i) | 195,736. | 0. | 0. | 5,352. | 13,154. | 214,242. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| KAREN DYNEK | (i) | 215,003. | 0. | 0. | 12,355. | 7,513. | 234,871. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| CHRISTINE RAWLS | (i) | 201,981. | 0. | 0. | 3,358. | 7,513. | 212,852. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| PAUL MUSER | (i) | 247,403. | 0. | 0. | 6,511. | 18,331. | 272,245. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Schedule J (Form 990) 2009

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

PART I, LINE 4A: SEVERANCE PAYMENT IN THE AMOUNT OF 70,996.68 PAID TO NEIL

SOL

**SCHEDULE K
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information on Schedule O (Form 990).
► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **HOSPITAL COMMITTEE FOR THE LIVERMORE/PLEASANTON AREA** Employer identification number **94-1429628**

Part I Bond Issues SEE SCHEDULE O FOR COLUMN (F) CONTINUATIONS

| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | |
|---|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|
| | | | | | | Yes | No | Yes | No |
| A CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY | 35-2273601 | NONE | 07/15/09 | 10,500,000. | BUILDING AND EQUIPMENT | | X | | X |
| B CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT | 68-0164610 | NONE | 05/31/07 | 54,310,000. | REFUNDING OF PRIOR ISSUE | | X | | X |
| C | | | | | | | | | |
| D | | | | | | | | | |
| E | | | | | | | | | |

Part II Proceeds

| | A | | B | | C | | D | | E | |
|--|-------------|----|-------------|----|-----|----|-----|----|-----|----|
| 1 Total proceeds of issue | 10,406,075. | | 53,224,097. | | | | | | | |
| 2 Gross proceeds in reserve funds | 10,406,075. | | 5,222,758. | | | | | | | |
| 3 Proceeds in refunding or defeasance escrows | | | 48,000,349. | | | | | | | |
| 4 Other unspent proceeds | | | 990. | | | | | | | |
| 5 Issuance costs from proceeds | | | | | | | | | | |
| 6 Working capital expenditures from proceeds | 7,385,000. | | | | | | | | | |
| 7 Capital expenditures from proceeds | 10,406,075. | | | | | | | | | |
| 8 Year of substantial completion | 2012 | | | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 9 Were the bonds issued as part of a current refunding issue? ... | | X | X | | | | | | | |
| 10 Were the bonds issued as part of an advance refunding issue? | | X | X | | | | | | | |
| 11 Has the final allocation of proceeds been made? | | X | X | | | | | | | |
| 12 Does the organization maintain adequate books and records to support the final allocation of proceeds? | | X | X | | | | | | | |

Part III Private Business Use

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | | | | | | | |
| 2 Are there any lease arrangements with respect to the financed property which may result in private business use? | | X | | | | | | | | |

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Schedule K (Form 990) 2009

94-1429628

Page 2

Part III Private Business Use (Continued)

| | A | | B | | C | | D | | E | |
|---|-----|-------|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 3a Are there any management or service contracts with respect to the financed property which may result in private business use? | | X | | | | | | | | |
| b Are there any research agreements with respect to the financed property which may result in private business use? ... | | X | | | | | | | | |
| c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property? | | X | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | .00 % | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | .00 % | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | .00 % | | % | | % | | % | | % |
| 7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities? | X | | | | | | | | | |

Part IV Arbitrage

| | A | | B | | C | | D | | E | |
|---|-----|----|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue? | | X | | X | | | | | | |
| 2 Is the bond issue a variable rate issue? | | X | | X | | | | | | |
| 3a Has the organization or the governmental issuer identified a hedge with respect to the bond issue on its books and records? | | X | | X | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of hedge | | | | | | | | | | |
| 4a Were gross proceeds invested in a GIC? | | X | | X | | | | | | |
| b Name of provider | | | | | | | | | | |
| c Term of GIC | | | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | | | |
| 5 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | | | |
| 6 Did the bond issue qualify for an exception to rebate? | | X | | X | | | | | | |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CALIFORNIA NON-FOR-PROFIT CORPORATION THAT PROVIDES BOTH INPATIENT AND
OUTPATIENT HEALTHCARE SERVICES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SERVICES, EMERGENCY AND URGENT CARE, CRITICAL CARE, OBSTETRICS,
PEDIATRICS, SKILLED NURSING, GERIATRIC PSYCHIATRIC CARE, INPATIENT AND
OUTPATIENT REHABILITATION, AND AN INTEGRATED MEDICAL FITNESS CENTER.

THE PLEASANTON CAMPUS HAS BEEN DESIGNATED BY ALAMEDA COUNTY AS A
CARDIAC RECEIVING CENTER. OTHER PROGRAMS OF THE CORPORATION INCLUDE
ONCOLOGY SERVICES, A BARIATRICS PROGRAM, A COUMADIN CLINIC,
CARDIO-VASCULAR SERVICES, A PEDIATRIC HOSPITALIST PROGRAM WITH A LOCAL
TERTIARY HOSPITAL, AND AN ONCOLOGY RESEARCH PROGRAM WITH THE UNIVERSITY
OF CALIFORNIA AT DAVIS.

NURSE EDUCATION. THE CORPORATION OPENED THE MERTES-FEIT EDUCATION
CENTER (THE "EDUCATION CENTER") ON THE LIVERMORE CAMPUS IN 2003.
PARTNERING WITH THE LOCAL COMMUNITY COLLEGE SYSTEM, THE CORPORATION
OPENED THE CHABOT COLLEGE NURSING PROGRAM, EXTENDED CAMPUS AT
VALLEYCARE, WITH THE FIRST 10 STUDENTS ENROLLED IN SEPTEMBER 2003 AND
GRADUATED IN MAY 2005. CURRENTLY, THE PROGRAM HAS 40 NURSING STUDENTS.
THE NURSING PROGRAM IS INTENDED TO PROVIDE A CONTINUOUS STREAM OF
REGISTERED NURSES TO MEET THE IMMEDIATE AND FUTURE STAFFING NEEDS OF
THE CORPORATION. THE EDUCATION CENTER, WHICH HOUSES THE NURSING
PROGRAM, ALSO HAS THE FIRST FULLY FUNCTIONAL SIMULATION LABORATORY IN
THE EAST BAY AREA AND IS USED AS A TRAINING SITE FOR A NUMBER OF

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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OMB No. 1545-0047

2009

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Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

HEALTHCARE DISCIPLINES.

COMMUNITY EDUCATION. THE VALLEYCARE MEDICAL PLAZA (THE "MEDICAL PLAZA"), LOCATED AT W. LAS POSITAS AND STONERIDGE, HOUSES THE CORPORATION'S HEALTH LIBRARY AND RYAN COMER CANCER RESOURCE CENTER, WHICH OPENED IN 1991. ITS MISSION IS TO PROVIDE ACCESS TO CURRENT, EASILY UNDERSTOOD HEALTH AND MEDICAL INFORMATION IN A RELAXED AND SUPPORTIVE ENVIRONMENT.

COMMUNITY OUTREACH. IN ADDITION TO THE SERVICES PROVIDED AT THE PLEASANTON CAMPUS, THE LIVERMORE CAMPUS, AND THE MEDICAL PLAZA, THE CORPORATION PROVIDES A VARIETY OF PROGRAMS WITHIN THE COMMUNITY, INCLUDING A "MEALS ON WHEELS" PROGRAM, WHICH IS BASED AT THE LIVERMORE CAMPUS KITCHEN, FOR HOMEBOUND SENIORS. THE CORPORATION WAS FIRST AWARDED THE CONTRACT TO PROVIDE THIS PROGRAM IN 1997.

ANOTHER COMMUNITY SERVICE IS THE CORPORATION'S NUTRITION PROGRAM, WHICH HAS SERVED LOCAL HEAD START CENTERS SINCE 1998. THIS PROGRAM ADDRESSES THE UNIQUE NEEDS OF CHILDREN IN THE LOCAL COMMUNITY AND SUPPORTS LOCAL AGENCIES IN ADDRESSING SOCIAL NEEDS THAT AFFECT HEALTH BY DELIVERING HOT MEALS ON SCHOOL DAYS FOR LOW-INCOME CHILDREN AT HEAD START CENTERS. IN ADDITION TO THE HEAD START MEALS, THE CORPORATION ALSO PROVIDES HOT MEALS TO CHILDREN IN THE LIVERMORE PLAY SCHOOL PER REQUESTS FROM PARENTS AND STAFF. EACH SUMMER THE CORPORATION ALSO PARTICIPATES IN A JOINT PROGRAM WITH THE LIVERMORE HOUSING AUTHORITY AND CAPE, INC.

PRESCHOOLS TO PROVIDE SUMMER RECREATION AND FREE MEALS TO LOW-INCOME

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule O (Form 990) 2009

932211
02-03-10

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

CHILDREN.

AT THE LAS POSITAS COLLEGE STUDENT HEALTH CENTER, A CHABOT COMMUNITY
COLLEGE (AT LAS POSITAS COMMUNITY COLLEGE), THE CORPORATION PROVIDES A
PROGRAM THAT GIVES STUDENTS ACCESS TO PRIMARY DIAGNOSTIC AND TREATMENT
SERVICES, AS WELL AS OFFERING CRITICAL ACCESS TO INFORMATION TO HELP
STUDENTS IMPROVE AND MAINTAIN THEIR HEALTH.

THE CORPORATION'S PUBLIC HEALTH NURSE WORKS CLOSELY WITH THE COMMUNITY
ON A VARIETY OF PROJECTS INCLUDING THE BAY AREA REGIONAL IMMUNIZATION
REGISTRY, SENIOR INJURY PREVENTION, PASTORAL CARE, AND THE PROCUREMENT
OF A MOBILE MEDICAL VAN TO BRING MEDICAL SERVICES AND CONTINUITY OF
CARE TO THE REGION'S UNDERSERVED POPULATION, INCLUDING CHILDREN AND
SENIORS. THE CORPORATION ALSO FINANCIALLY SUPPORTS TWO NURSES IN THE
PLEASANTON UNIFIED SCHOOL DISTRICT.

FORM 990, PART VI, SECTION A, LINE 2: DAVID MERTES AND BARBARA MERTES ARE
HUSBAND AND WIFE AND BOTH SERVE AS BOARD MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11: THE FINANCE DEPARTMENT REVIEWS THE
FORM 990 FOR ACCURACY. PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE
SERVICE, A COMPLETE COPY OF THE FORM 990 IS SENT ELECTRONICALLY TO EACH
MEMBER OF THE BOARD OF DIRECTORS FOR THEIR REVIEW. THE CFO REVIEWED THE
FORM 990 WITH THE BOARD OF DIRECTORS AND INVITED QUESTIONS. ONCE THESE
STEPS ARE COMPLETE, THE RETURN IS FILED WITH THE INTERNAL REVENUE SERVICE.

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
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OMB No. 1545-0047

2009

Open to Public
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Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

FORM 990, PART VI, SECTION B, LINE 12C: VCHS USES AN RFP PROCESS FOR THESE ACTIVITIES AND DOCUMENT THE DECISION-MAKING PROCESS TO DEMONSTRATE WHY WE CHOSE A SPECIFIC CONTRACTOR, VENDOR, OR PRODUCT. THUS EVEN IF SOMEONE HAS AN INTEREST IN ONE OF THESE, WE CAN DEMONSTRATE THAT THE DECISION WAS MADE FOR REASONS SUCH AS QUALITY, COST AVAILABILITY, ETC.

FORM 990, PART VI, SECTION B, LINE 15: VCHS UTILIZES THE SERVICES OF RODEGHERO CONSULTING GROUP FOR COMPENSATION BENCHMARKING, ANALYSIS, AND REPORTING. THE BOARD OF DIRECTORS HAS A COMPENSATION SUB-COMMITTEE WHO REVIEW THE RESULTS OF THE COMPENSATION REVIEW AND IS ASSURED THAT TOTAL COMPENSATION IS CONSISTENT WITH THE MARKET.

FORM 990, PART VI, SECTION C, LINE 19: THE AUDITED FINANCIAL STATEMENTS, GOVERNING/ORGANIZING DOCUMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

990, PART VII, SECTION A, COLUMN B
HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS
JIM MAYER'S TIME IS DIVIDED AS FOLLOWS:

| | |
|---------------------------------|----------|
| VALLEYCARE HEALTH SYSTEM | 2.00 HRS |
| VALLEYCARE SENIOR HOUSING, INC. | .20 HRS |

BARBARA MERTES' TIME IS DIVIDED AS FOLLOWS:

| | |
|---------------------------------|----------|
| VALLEYCARE HEALTH SYSTEM | 2.00 HRS |
| VALLEYCARE SENIOR HOUSING, INC. | .20 HRS |

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
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Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

TOM ROSE'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 2.00 HRS

VALLEYCARE SENIOR HOUSING, INC. .20 HRS

JIM SUMMERS' TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 2.00 HRS

VALLEYCARE SENIOR HOUSING, INC. .20 HRS

MARCELINA FEIT'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 36.10 HRS

VALLEYCARE CHARITABLE FOUNDATION .20 HRS

VALLEYCARE MEDICAL FOUNDATION INC. 3.50 HRS

VALLEYCARE SENIOR HOUSING, INC. .20 HRS

KENNETH JENSEN'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 36.10 HRS

VALLEYCARE CHARITABLE FOUNDATION .20 HRS

VALLEYCARE MEDICAL FOUNDATION INC. 3.50 HRS

VALLEYCARE SENIOR HOUSING, INC. .20 HRS

LAVERN BROWN'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 39.80 HRS

VALLEYCARE SENIOR HOUSING, INC. .20 HRS

RICHARD FISCHER'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 2.00 HRS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.
932211
02-03-10

Schedule O (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

HOSPITAL COMMITTEE FOR THE LIVERMORE/
PLEASANTON AREA

Employer identification number
94-1429628

VALLEYCARE MEDICAL FOUNDATION INC. 2.00 HRS

DEBORAH MCKEEHAN'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 2.00 HRS

VALLEYCARE MEDICAL FOUNDATION INC. 2.00 HRS

CLAIRE SHOEN'S TIME IS DIVIDED AS FOLLOWS:

VALLEYCARE HEALTH SYSTEM 30.00 HRS

VALLEYCARE MEDICAL FOUNDATION INC. 10.00 HRS

FORM 990, PART XI, LINE 2C

AUDIT COMMITTEE AND OVERSIGHT

THERE HAVE BEEN NO CHANGES TO THIS PROCESS FROM PRIOR YEAR.

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: CALIFORNIA STATEWIDE COMMUNITIES DEVELOPMENT AUTHORITY

(B) DESCRIPTION OF PURPOSE: REFUNDING OF PRIOR ISSUE

Related Organizations and Unrelated Partnerships

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **HOSPITAL COMMITTEE FOR THE LIVERMORE/PLEASANTON AREA** Employer identification number **94-1429628**

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

| (a) Name, address, and EIN of disregarded entity | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Total income | (e) End-of-year assets | (f) Direct controlling entity |
|--|-------------------------|---|---------------------|---------------------------|-------------------------------------|
| | | | | | |
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Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Exempt Code section | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity |
|---|--|---|-------------------------------|---|-------------------------------------|
| VALLEYCARE CHARITABLE FOUNDATION - 94-2941652, 1111 E. STANLEY BLVD., LIVERMORE, CA 94550 | FUNDRAISING | CALIFORNIA | 501(C)(3) | 9 | N/A |
| VALLEYCARE SENIOR HOUSING - 94-3382224 1111 E. STANLEY BLVD. LIVERMORE, CA 94550 | INDEPENDENT AND ASSISTED LIVING FOR SENIORS | CALIFORNIA | 501(C)(3) | 11C - FI | N/A |
| VALLEYCARE MEDICAL FOUNDATION INC. - 26-2593526, 5655 W LAS POSITAS BLVD, #220, PLEASANTON, CA 94588 | SUPPORT CHARITABLE ACTIVITIES OF THE HOSPITAL | CALIFORNIA | 501(C)(3) | 9 | N/A |
| | | | | | |
| | | | | | |
| | | | | | |

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2009

Schedule R (Form 990) 2009 PLEASANTON AREA

94-1429628 Page 2

Part III

[illegible]

Part IV

[illegible]

HOSPITAL COMMITTEE FOR THE LIVERMORE/

Schedule R (Form 990) 2009 PLEASANTON AREA

94-1429628 Page 3

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

| (a) Name of other organization(s) | (b) Transaction type (a-r) | (c) Amount involved |
|--|----------------------------------|------------------------|
| (1) VALLEYCARE CHARITABLE FOUNDATION | C | 502,430. |
| (2) VALLEYCARE CHARITABLE FOUNDATION | O | 332,794. |
| (3) VALLEYCARE CHARITABLE FOUNDATION | B | 426,697. |
| (4) VALLEYCARE CHARITABLE FOUNDATION | P | 426,697. |
| (5) VALLEYCARE MEDICAL FOUNDATION INC. | D | 17,403,173. |
| (6) | | |

Schedule R (Form 990) 2009 **PLEASANTON AREA**

Page 4

Part VI

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Schedule R (Form 990) 2009

| Asset No. | Description | Date Acquired | Method | Life | Line No. | Unadjusted Cost Or Basis | Bus % Excl | * Reduction In Basis | Basis For Depreciation | Accumulated Depreciation | Current Sec 179 | Current Year Deduction |
|-----------|--|---------------|--------|------|----------|--------------------------|------------|----------------------|------------------------|--------------------------|-----------------|------------------------|
| | BUILDINGS | | | | | | | | | | | |
| 3 | BUILDING | VARI | ESSL | .000 | 16 | 113,217,924. | | | 113,217,924. | 46,728,092. | | 3,555,102. |
| 5 | LEASE IMPROVEMENTS | VARI | ESSL | .000 | 16 | 11,551,478. | | | 11,551,478. | 5,882,173. | | 611,909. |
| | * 990 PAGE 10 TOTAL BUILDINGS | | | | | 124,769,302. | | 0. | 124,769,302. | 52,610,265. | 0. | 4,167,011. |
| | MACHINERY & EQUIPMENT | | | | | | | | | | | |
| 4 | FIXED EQUIPMENT | VARI | ESSL | .000 | 16 | 5,418,144. | | | 5,418,144. | 2,497,189. | | 609,520. |
| 6 | MAJOR MOVEABLE EQUIPMENT | VARI | ESSL | .000 | 16 | 44,022,133. | | | 44,022,133. | 31,658,564. | | 2,385,079. |
| | * 990 PAGE 10 TOTAL MACHINERY & EQUIPM | | | | | 49,440,277. | | 0. | 49,440,277. | 34,155,753. | 0. | 2,994,599. |
| | LAND | | | | | | | | | | | |
| 1 | LAND | VARI | ESNC | .000 | | 11,157,847. | | | 11,157,847. | | | 0. |
| 9 | LAND HELD FOR EXPANSION | VARI | ESNC | .000 | | 1,779,852. | | | 1,779,852. | | | 0. |
| | * 990 PAGE 10 TOTAL LAND | | | | | 12,937,699. | | 0. | 12,937,699. | 0. | 0. | 0. |
| | OTHER | | | | | | | | | | | |
| 2 | LAND IMPROVEMENTS | VARI | ESSL | .000 | 16 | 9,565,195. | | | 9,565,195. | 5,768,127. | | 658,486. |
| 7 | CONSTRUCTION IN PROGRESS | VARI | ESNC | .000 | | 3,206,997. | | | 3,206,997. | | | 0. |
| | * 990 PAGE 10 TOTAL OTHER | | | | | 12,772,192. | | 0. | 12,772,192. | 5,768,127. | 0. | 658,486. |
| | * GRAND TOTAL 990 PAGE 10 DEPR | | | | | 199,919,470. | | 0. | 199,919,470. | 92,534,145. | 0. | 7,820,096. |